

State of Minnesota

District Court  
Probate Division

County of \_\_\_\_\_

Judicial District: \_\_\_\_\_

Court File No. \_\_\_\_\_

Case Type: 14, Guardianship

In Re: Guardianship of

**PERSONAL WELL-BEING REPORT**

(Annual Report of Guardian)

\_\_\_\_\_, Ward

As required by M.S. § 524.5-316 the Guardian makes this Annual Report for the period from \_\_\_\_\_ to \_\_\_\_\_.

Instructions: Complete all paragraphs. **Attach additional sheets if necessary.**

1. The current mental, physical and social condition of the Ward is:
  - (a) Mental: \_\_\_\_\_.
  - (b) Physical: \_\_\_\_\_.
  - (c) Social: \_\_\_\_\_.
2. The addresses and types of all living arrangements for the Ward in the past year:
   
\_\_\_\_\_
   
\_\_\_\_\_
3. Medical, educational, vocational and other services provided to the Ward in the past year:
   
\_\_\_\_\_
4. My opinion of the adequacy of the care given to the Ward in the past year:
   
\_\_\_\_\_
5. Recommendation regarding continuation of the guardianship or scope of the guardianship: \_\_\_\_\_
   
\_\_\_\_\_
6. I have personally seen the Ward \_\_\_\_\_ times in the past year.

I \_\_\_\_\_, being duly sworn, state that **1)** this is an accurate statement of the Ward's well being and care for the period indicated above; **2)** I have given a copy of this report to the Ward; and **3)** the annual notice of right to petition has been given to the ward or protected person by \_\_\_\_\_ MAIL or \_\_\_\_\_ PERSONALLY by \_\_\_\_\_ (by whom served).

Dated: \_\_\_\_\_

Sworn/affirmed before me on

\_\_\_\_\_.

Notary Public \ Deputy Court Administrator

Signature of Guardian

Name: \_\_\_\_\_ (Print)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

**FILE THE ORIGINAL OF THIS PAGE WITH THE COURT**

State of Minnesota

District Court  
Probate Division

County of \_\_\_\_\_

Judicial District: \_\_\_\_\_

Court File No. \_\_\_\_\_

Case Type: 14, Guardianship

In Re: ☐ Guardianship and  
☐ Conservatorship of**Annual Notice of Right to Petition for  
Restoration to Capacity**\_\_\_\_\_,  
**Ward / Protected Person**

To: \_\_\_\_\_ Ward / Protected Person

You have a right to ask the Court to end the ☐ guardianship or ☐ conservatorship or to modify the guardianship or conservatorship by filing a petition with the Court explaining why you believe the guardianship or conservatorship should end or be modified.

☐ You have a right to object to the Guardian's change in your place of residence, and you have a right to ask the Court for a change of residence, by filing a petition with the Court explaining why the change should or should not be made.

If you wish to have a different guardian or conservator then you must file a petition for removal of the guardian or conservator, explaining why you believe the present guardian or conservator should be removed.

To petition the court you may call the Court Monday through Friday between 8:00 a.m. and 4:30 p.m. and ask that a form be sent to you or pick up the proper form at the Court and file it there. The address of the Court is: \_\_\_\_\_

\_\_\_\_\_ and phone number is \_\_\_\_\_.

After a petition is filed the Court will schedule a hearing. You have the right to be present at that hearing and to have a lawyer represent you. If you cannot afford a lawyer, the Court will appoint one for you. You can call the Court to request a Court appointed attorney.

You retain the right to vote unless your guardian informs you that the court terminated your right to vote.

**This notice must be served annually on the ward or protected person within thirty days after the anniversary of the appointment of the guardian or conservator.**

**THIS PAGE MUST BE GIVEN TO THE WARD/PROTECTED PERSON**